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PTO/SB/21 (07-06)

TRANSMITTALE | Application Number | 10/840,183 | Filing Date | May 5, 2004 | First Named Inventor | Bellis, Andrew | Art Unit | 2186 | Examiner Name | NGUYEN, Than Vinh | Total Number of Pages in This Submission | 15 | Attorney Docket Number | Application Number | 10/840,183 | Filing Date | May 5, 2004 | Bellis, Andrew | Art Unit | 2186 | Examiner Name | NGUYEN, Than Vinh | 15114H-074800US

| (to be used for all correspondence after initial filing) | | | Examiner Name | | NGUYEN, Than Vinh | | | | | | |
|--|--|---------------|----------------------|--|--|--|----------|---|--|--|--|
| Total Number of Pages in This Submission 15 | | | Attorney Docket Numb | er | 15114H-0748 | | | | | | |
| | | | | | | | | | | | |
| ENCLOSURES (Check all that apply) | | | | | | | | | | | |
| Fee Tra | ansmittal For Fee Attache | | | Drawing(s) Licensing-related Paper | rs | | peal Com | nce Communication to TC munication to Board and Interferences | | | |
| Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 | | | Rema | Petition Petition to Convert to a Provisional Application Power of Attorney, Revolution Change of Corresponder Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table arks The Commiss Account 20-14 | s Ap (Ap (Ap (Ap (Ap (Ap (Ap (Ap (Ap (Ap | Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below): Return Postcard | | | | | |
| CICNATURE OF ARRIVANT ATTORNEY OR ACENT | | | | | | | | | | | |
| Firm Name | Firm Name Townsend and Townsend and Crew LLP | | | | | | | | | | |
| Signature | Signature Daid Which | | | | | | | | | | |
| Printed name | David | B. Raczkowski | | | | | | | | | |
| Date 10/16/06 | | | | Reg. No. | 52,145 | 52,145 | | | | | |
| CERTIFICATE OF TRANSMISSION/MAILING | | | | | | | | | | | |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | | | | | | | | | | |
| Signature And see | | | | | | | | | | | |
| Typed or printed name Dana Kane | | | | | | | Date | 10/16/06 | | | |

O \ P E 2006

| Fees pursuant to the Consolic | | 172 | 4 | <u> </u> | Com | plete if Kno | wn | | | | |
|---|--|-----------------------|------------|---------------------------------------|-------------------|----------------------------|--------------------------------|--|--|--|--|
| Fees pursuant to the Consolid | lated Appropria | ations Act, Cos (F | DEMAN | Application Num | ber 10/8 | 10/840,183 | | | | | |
| FEE TRA | ANS | IVIII I A | 4L | Filing Date | May | May 5, 2004 | | | | | |
| For | | First Named Inve | entor Bell | Bellis, Andrew | | | | | | | |
| Applicant claims small | | | 27 | Examiner Name | NG | NGUYEN, Than Vinh | | | | | |
| | | Art Unit | 218 | 2186 | | | | | | | |
| TOTAL AMOUNT OF PA | YMENT (| \$) 50 | | Attorney Docket | No. 151 | 14H-074800 | us | | | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | | | | |
| Check Credit Card Money Order None Other (please identify): | | | | | | | | | | | |
| Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP | | | | | | | | | | | |
| For the above-ide | For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | | | |
| Charge fee(s | indicated b | elow | | Charg | je fee(s) indi | cated below, e | xcept for the filing fee | | | | |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | | | | | | |
| FEE CALCULATION | | | | | | | | | | | |
| 1. BASIC FILING, SEA | | | | DOLLEGES | = \(\)44.4 | .A.T.O.L. 555 | _ | | | | |
| | | G FEES mall Entity | SEA | RCH FEES Small Entity | | NATION FEE: mall Entity | 5 | | | | |
| Application Type | Fee (\$) | Fee (\$) | <u>Fee</u> | (\$) Fee (\$) | Fee (\$) | Fee (\$) | Fees Paid (\$) | | | | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | | | | | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | | | | | |
| Plant | 200 | 100 | 300 |) 150 | 160 | 80 | | | | | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | | | | | |
| Provisional | 200 | 100 | (| 0 | 0 | 0 | | | | | |
| 2. EXCESS CLAIM FEI | ES | | | | Fac (\$) | Small Entity | | | | | |
| | Fee Description Each claim over 20 (including Reissues) | | | | | <u>Fee (\$)</u> 50 | <u>Fee (\$)</u> 25 | | | | |
| Each independent cla | Each independent claim over 3 (including Reissues) | | | | | 200 | 100 | | | | |
| Multiple dependent o | | | | | | 360 | 180 | | | | |
| Total Claims | Extra Clai | | | s Paid (\$) Multiple \$50 Fee (\$) | | | Dependent Claims Fee Paid (\$) | | | | |
| 21 -20 or HP HP = highest number of total cl | | | | - \$30 | | 1 ee (4) | rec r and (4) | | | | |
| Indep. Claims | Extra Clai | | _ | e Paid (\$) | | | | | | | |
| | = 0 | | | <u>\$0</u> | | | | | | | |
| | HP = highest number of independent claims paid for, if greater than 3 | | | | | | | | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof 100 = / 50 = (round up to a whole number) x = | | | | | | | | | | | |
| 4. OTHER FEE(S) | | | | | | | Fees Paid (\$) | | | | |
| Non-English Specification, \$130 fee (no small entity discount) | | | | | | | | | | | |
| Other (e.g., late filing surcharge): | | | | | | | | | | | |
| SUBMITTED BY | | | | | | | | | | | |
| Signature Q | ail T | Myladi | | Registration No. (Attorney/Agent) | 52,145 | Telepho | one 415-576-0200 | | | | |
| Name (Print/Type) David | B. Raczko | | | | | Date | 10/16/06 | | | | |